

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41604
Registrar's No. 149

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. 610 W. 8th 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country _____

3. (a) PRINT FULL NAME

Josephine Maggi

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Galdino Maggi
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 28th, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Pittsburg Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {
12. Name Alfred Gilloiz 5
13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Bushman
15. Birthplace Paris France
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Maggi
(b) Address 601 State St. Rolla, Missouri

17. (a) Burial (b) Date thereof Dec. 7th, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Hollow J. H. Holloway

(b) Address Rolla, Missouri

19. (a) 12-9-46 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug 15th, 1946, to Dec 5th, 1946
that I last saw her alive on Dec. 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure
Due to ulcerative colitis
Duration 2 days
3 months

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
12019
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. H. Holloway (M. D. or other) _____
Address Rolla, Mo Date signed 12-9-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

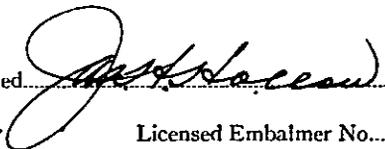
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No..... 3643

P. O. Address..... Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.